						
	Agency*	Citation(s)				Groups Covered
			в.	Optional (roups	Other Than the Medically Needy
				X	(5)	Individuals receiving active treatment as inpatients in psychiatric facilities or program (who are under the age of 21 Inpatient psychiatric services for individuals under age 21 are provided under this plan.
				X	(6)	Other defined groups (and ages), specified in Supplement 1 of ATTACHMENT 2.2-A.
					٠	
		×				
ich County W	elfare Dep	artment under	the	supervisio	on of	the Family & Social Services
	Supersede TN No.		coval	Date <u> -/(</u>	o-9Z	Effective Date

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Agency*	Citation(s)	Grou	ps Covered
	a)(10) <u>#</u> X/	(Continued) 8. A child for whom the State adoption assisted (other than under the Act), who, as deter adoption agency, can without medical assisted as special needs for mand who before exect a. Was eligible for approved Medical b. Would have been standards and me foster care progethe AFDC standards.	istance agreement title IV-E of the rmined by the State annot be placed for adoption sistance because the child has medical or rehabilitative care cution of the agreement r Medicaid under the State's

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					INDIANA		
		Agency*	Citation (s)	Grou	ps Covered	
				B. Option (Conti	al Groups Oth nued)	er Than the	Medically Needy
		42 CF	R 435.223 /_	for	AFDC if cove:	rage under	who would be eligible the State's AFDC plan der title IV-A:
		(A)(i	a)(10) i) and a) of		Individuals un 21 20 19	nder the ag	re of
					18 Caretaker rela Pregnant women		
*Each Co	ounty			the super	vision of the	Family & S	Social Services Admin.
		TN No. 9 Supersedes TN No. 8	01-22 3 Appr 36-8	coval Date	1-16-92	Ef	fective Date 1-1-92



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		Agency*	Citation(s)		Groups	Covered
			в.	Optional (Continu		han the Medically Needy
		42 CFF	R 435.230/			criteria with agreements under 1634 of the Act.
				on pa su	ly a State supp yment) under an pplementary pay	ups of individuals who receive lementary payment (but no SSI approved optional State ment program that meets the ons. The supplement is
				a.	Based on need basis.	and paid in cash on a regular
				b.	individual's c	ifference between the ountable income and the income to determine eligibility for .
				c.	Available to a	ll individuals in the State.
				d.	of individuals	more of the classifications listed below, who would be SI except for the level of
					(1) All aged	individuals.
					(2) All blin	d individuals.
					(3) All disa	bled individuals.
*Each	County	Welfare Dep	artment under t	the superv	vision of the Fa	mily & Social Services Admin.
	·		1-22 Approv		1-16-92	Effective Date 1-1-92 HCFA ID: 7983E



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Agency*	Citation(s)			Groups Cov	ered		
		B. Optional (Continu		ps Other Than	the Medicall	y Needy	
		`	(4)	Aged individed facilities of	uals in domi r other grou	ciliary p living	
42 CF		(5)	arrangements as defined under SSI. Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.				
			(6)	Disabled ind facilities of arrangements	r other grou	p living	
			(7)	administered	optional St he condition	Federally ate supplement s specified in	
			(8)		optional St he condition	State ate supplement s specified in	
			(9)	Individuals classification Secretary as	ons approved		

TN No. 91-22 Supersedes TN No. New1-16-92 Effective Date 1-1-92 Approval Date _



		Revision:	AUGUST 1	991	(BPD)	INDIA	ana	ATTACHMEN Page 16a OMB NO.:		
		Agency*	Citation	(s)		(Groups Cover	ed		
				В.	Optional (Continu		ther Than th	e Medicall	y Needy	
					The supp	olement var sions accor	ries in inco rding to cos	me standar t-of-livin	d by poli g differe	tical nces.
					Ye	es.				
					No					
					The stan payments 2.6-A.	dards for are liste	optional St ed in Supple	ate supplement 6 of	mentary ATTACHMEN	Ţ
*Each	County	Welfare De		under	the super	rvision of	the Family	& Social Se	ervices	·.n.
		TN No. Supersede	91-22	Approva	l Date _	1-16-92	E	ffective Da	te <u> </u>	
		TN No.	New				н	CFA ID: 7	983E	



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Agency*	Citation(s)			Groups Cov	vered
			ional Grou	ps Other Than	the Medically Needy
435. 1902	(a)(10)	<u>/X</u> X 11.		agreements un	es and SSI criteria States nder section 1616 or 1634
	ii)(XI) he Act		a State optional	supplementary State supple ts the follow	of individuals who receive y payment under an approved ementary payment program ving conditions. The
			a. Based basis		paid in cash on a regular
			indiv st a nd	idual's count	erence between the sable income and the income letermine eligibility for
				ification and	ndividuals in each i available on a Statewide
				to one or mor dividuals lis	re of the classifications ted below:
		_	(1)	All aged ind	ividuals.
		_	(2)	All blind in	dividuals.
		_	(3)	All disabled	l individuals.
		r the su	ıpervisíon	of the Family	7 & Social Services Admin.
TN No Supersed TN No	91-22 es Appi 86-8	roval Da	te <u>1-16</u>	-92	Effective Date 1-1-92 HCFA ID: 7983E



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Agency*	Citation(s)		<u></u>	Groups Covered
	В.	Optional (Continu		ups Other Than the Medically Needy
	10-1-81	<u>X</u>	(4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		X	(5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<u>X</u>	(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			(7)	Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		_	(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			(9)	Individuals in additional classifications approved by the Secretary as follows:

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			AUGUST 1991 State:	INDIANA	Page 18a OMB NO.: 0938-
		Agency*	Citation(s)	Groups	s Covered
			Е	Optional Groups Other (Continued)	Than the Medically Needy
				The supplement va political subdivi cost-of-living di	aries in income standard by isions according to ifferences.
				Yes	
				X No	
				The standards for payments are list ATTACHMENT 2.6-A	r optional State supplementary ted in Supplement 6 of
Each	County			the supervision of the Fa	mily & Social Services Admin.
		Supersedes	91-22 Appro	val Date 1-16-92	Effective Date 1-1-92
		TN No.	00-0		HCFA ID: 7983E

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ATTACHMENT 2.2-A

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	State:		INDIANA	——————————————————————————————————————
Agency*	Citation(s)		Groups Covered	
	В.	Optional (Groups Other Than t	he Medically Needy
1902(R 435.231 /XX a)(10) i)(V) 7-1-91 e Act	leas elig Elig the : meet	viduals who are in t 30 consecutive da ible under a specia ibility begins on t 30-day period. The the income standar lement 1 to ATTACHM	l income level. he first day of se individuals ds specified in
		/ The sabove		dividuals as described
			State covers only tops of individuals:	he following group or
1902(a (ii) a of the	a)(10)(A) and 1905(a) e Act	<u>X</u> <u>X</u>		

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